STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING COMPLETED HFD0084 B. WING NAME OF PROVIDER OR SUPPLIER 01/07/2011 STREET ADDRESS, CITY, STATE, ZIP CODE MULTI-THERAPEUTIC 2852 NORTHAMPTON ST WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY 1000 INITIAL COMMENTS 1000 A licensure survey was initiated on January 6, Kecewed 31 2011 through January 7, 2011. A sample of two residents was selected from a population of four males with various intellectual disabilities. Department of Heal elth Regulation & Licensing Administration The findings of the survey were based on intermediate Care Facilities Division observations and interviews with staff as well as a 899 North Capitol St., N.E. review of residents and administrative records, Washington, D.C. 20002 including incident reports. 1 189 3508.7 ADMINISTRATIVE SUPPORT 1189 Each GHMRP shall maintain records of residents ' funds received and disbursed. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Persons intellectual disabilities failed to ensure a system to maintain records of residents funds disbursed, for two of the two residents in the sample. (Residents #1 and #2) The findings include: 1. On January 7, 2011, at approximately 12:23 p.m., interview with the qualified mental retardation professional (QMRP), house manager (HM) and review of Resident #1's financial records from June 2010 through December 2010, revealed that the facility assisted the residents with maintaining his finances. Further record review revealed a withdrawal from the residents' personal accounts on June 10, 2010, in the amount of \$337.00. Further review revealed no receipts for the withdrawal. Interview with the house manager (HM), at 12:33 p.m., indicated that she was not the HM at the time of the withdrawal and could not give an teath Regulation Administra (XII) DATE lbed/ ABORATORY DIRECTOR'S OR PROVIDER'S UPPLIER REPRESENTATIVES SIGNATURE

TATE FORM

Health Regulation Administration

If continuation sheet 1 of 11

PRINTED: 02/17/2011

FORM APPROVED

Heat	h Regulation Administr	ration				PRINTE	D: 02/17/2011 APPROVED
IDENTIFICATION I		(X1) PROVIDER/SUPPLI IDENTIFICATION NO HFD8084	NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		SURVEY
NAMEO	F PROVIDER OR SUPPLIER	T ULTOOM	T			044	N740044
1			STREET AL	DORESS, CN	Y, STATE, ZIP CODE		07/2011
mut. I	-THERAPEUTIC		2852 NO WASHIN	RTHAMPI GTON, DC	ON ST 20015		
(X4) ID PREFD TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		s	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
1 206	account of the residential additional receipts for indicated that the model of the test acknowledged that the accounts of the the facility assists maintaining his finance revealed a withdrawa personal accounts or amount of \$310.00. The account of \$310.00 are ceipts totaling \$246. Interview with the HM that the money was recurt and an outing. Stream and the HM at the could not give an account account for \$246.70 of the group home failed residents in funds receipts 1509.6 PERSONNEL.	ents' money or provior the withdrawal. Stoney was requested and an outing. However, here were no receipt tested amount. 11, at approximately the QMRP and HM as 2's financial records becomber 2010, reveited the residents with ces. Further record in from the residents' in June 10, 2010, in the Further review reveals. 70. I, moments later, indicated the further indicated the further indicated the time of the withdraw ount of the residents' receipts. IRP and continued rehe facility could only if the \$310.00 withdraw out and disbursed. POLICIES	ne further for ver she so for the 12:40 and from aled and icated a hair hat she wal and imoney acord swal.	1189	A search process was conducted Coordinator that produced the re Resident #1 (Copies Attached). O home for the individual records. accounted for (Resident #2) were amount will be restored to the accounted a business days3-4-11 MTS hired a full time Client Accordinations and who manages and transactions3-1-11	ceipts for the 337. Copies were sent to Receipts for the \$6 not found, therefore count of Resident counts Manager that outbly with Facilia	Funds 00 for 0 the 60.00 not ore that #1 in the
Modes (see a compa	Each employee, prior annually thereafter, sh certification that a hea performed and that the would allow him or her duties.	nail provide a physicie lith inventory has bee e employee's health	en Status	*			

PRINTED: 02/17/2011 FORM APPROVED

Health	Regulation Administr	ation				FORM	APPROVE				
STATEME AND PLAN	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI HFD0084	MBER: A	2) MUL BUILDI WING		(X3) DATE COMP					
NAME OF	PROVIDER OR SUPPLIER	14120004				01/	07/2011				
					STATE, ZIP CODE						
MUL!}-	THERAPEUTIC		2852 MORTHA WASHINGTON	DC :	N ST 20015						
(X4) ID PREFIX TAG	SIAMARY STATEMENT OF DEFICIENCIES EFEX (EACH DEFICIENCY MUST BE PRECEDED BY FIRE)		CACH DETERMEY MIST RE PROCEDED BY CO.		(CACH DEPENDEY MIST BE PRECEDED BY CO.		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN O (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AC REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	CTION SHOULD BE	
1 206	Continued From pa	ge 2	1200	5							
	Based on interview Home for persons we failed to ensure four #2, #3, and #4) and (Consultants #1, #2, current health certification of the finding includes on January 7, 2010, the house manager personnel records rehave evidence of curstaff #1, #2, #3, and #3, #4, #5, and #6.	at 1:00 p.m., intervie (HM) and review of the evealed the GHMRP for ment health certificate #4 and consultants	e Group ities claff #1, sultants had w with le called to ls for #1, #2,		The clinical consultants that do not have current health certificates have been contacted by phone and by mail given a deadline of 3-15-11 to provide updated health certificates. Any that does not will have checks held up the certificates are submitted3-15-11 MTS is proactively tracking personnel file consideration and notifies both staff and consultants of upcoming isses at minimum 30 days before they expire. MTS will contain this practice but via the HR Director, will initiate follow actions when items are not received in the timeframes prescribed. The HR Director will maintain a tracking spread sheet to both proactively track compliance and follow up where necessary3-15-11						
The second secon		maintain for each autin, at any time, the folk is: Its or contracts for its or contracts as evidenced by: Its or contracts for its or contracts evidenced by: Its or contracts for its or contracts its or contracts or contracts its or four of the severe its or contracts its or four of the severe its or contracts its or contract	horized owing Group lies cts for		certificates and two have until 3-1; removed from the staff schedule	3-15-11					
	presented on Januar										

PRINTED: 02/17/2011 FORM APPROVED

Health	Regulation Administr	ation				FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/SIDENTIFICATION NUMBER (X1) PROVIDER/SUPPLI		R/CLIA MBER:	(X2) MU A. BUILL B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF	PROVIDER OR SUPPLIER	i in room				01/0	7/2011
		ŀ			Y, STATE, ZIP CODE		
MULTI	THERAPEUTIC		WASHING	RTHAMPT STON, DC	ON ST 20015		
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	MACHINE DE	(XS) COMPLETE DATE
1 274	Continued From pa	ge 3	1	1274			
I 291	physician, psychiatri nurses. The qualified mental confirmed the finding 3514.2 RESIDENT I Each record shall be signed by each indivi- This Statute is not in Based on staff intervi- Group Home for per-	RECORDS kept current, dated, a idual who makes an enter as evidenced by: iew and record review sons with intellectual are physician failed to is), for one of the two	ary care n onal and entry. v, the	J 291	The four clinical professional are to consultants that have agreements the termination dates but rather terminate establish the circumstances under witerminated. All are operating under the agreements (see: attached copies) MTS has sent copies of these agreements in the personnel fill.	at do not have tion clauses that hich the agreement their existing 3-1-11	
7 74	The findings include:		and the state of t	3514	1.2	· · · · · · · · · · · · · · · · · · ·	
	Review of Resident # January 6, 2011, beg the following telephor from the prescribing p evidenced below:	inning at 9:00 a.m., re ne orders had no sion:	rvealed ·	Nurs impo	PCP has signed the order for Bactrim attached copy of signed order). The I ing (DON) met with the RN to reinfortance of getting the PCPs signature finely manner3-1-11	Director of	
The state of the s	a. A telephone order Bactrim DS, one tab t	dated August 28, 201 wice a day for 10 day	0, for s.				
	 A telephone order repeat urinallysis with 	dated August 28, 201 CAS.	0, to	-			
•	Interview with the regi January 6, 2011, at ap rerified their failure to prescribing physician.	proximately 12:30 p.r	m.			-	
						-	

PRINTED: 02/17/2011 FORM APPROVED (X3) DATE SURVEY COMPLETED 01/07/2011 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5)CROSS-REFERENCED TO THE APPROPRIATE DATE

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

MULTI-THERAPEUTIC

1.404

resident

(X4) ID

PREFIX

TAG

(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

B. WING

HFD0084

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

2852 NORTHAMPTON ST WASHINGTON, DC 20015

PREFIX

TAG

	Continued From page 4	1401
1 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS	i 401
3	Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent	

deterioration or further loss of function by the

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to ensure residents received timely medical follow-up and recommended speech language assessment, for one of the two residents in the sample. (Resident #1)

The findings include:

1. The facility's nursing staff failed to ensure that Resident #1 received a timely medical follow-up. as follows:

Review of Resident #1's medical record on January 6, 2011, beginning at 8:45 a.m. revealed an endocrinology consult dated September 16, 2010. The medical consult sheet indicated that the resident is prescribed Androderm 5 mg patch and should return in three months.

Interview with the registered nurse (RN) on January 6, 2011, at approximately 12:30 p.m., revealed that an appointment had not scheduled.

2. Observations on January 6, 2011, at 8:00 a.m., revealed that Resident #1 was non-verbal. Review of Resident #1's Individual Support Plan (ISP) dated May 4, 2010, on January 6, 2011, at 12:11 p.m., revealed a recommendation for the

3520.3

Resident #1 was seen by endocrinology on...1-

DEFICIENCY)

- The QMRP has spoken with the service coordinator and has requested funding for a speech assessment for Resident #1. The service coordinator has agreed to put in a prior authorization request for the funding. The assessment will be completed by...3-20-11
- Resident #1 was seen by ENT on...1-14-11 (See: attached consultation report copy)

In the future, the RN will use the standard MTS appointment tracking form to track and schedule all needed medical follow up in a person-specific manner. Additionally, the RN, QMRP and facility manager will meet monthly to discuss medical follow up for each person in their cluster...3-1-11

lealth Regulation Administration

TATE FORM

Healt	Regulation Administr	ation				FOF	ED: 02/17/201
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER (DENTIFICATION NUM		ERICLIA MBER:	A. BUILD		(X3) DAT	(X3) DATE SURVEY COMPLETED	
MANE	770	HFD0084		B. WING			•
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET			DORESS, CITY	, STATE, ZIP CODE	01	/07/ 201 1
MULTI	MULTI-THERAPEUTIC 2852		2852 NO WASHIN	ORTHAMPTO	W et		
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S	PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED 1 DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(XS) COMPLETE DATE
l 401	Continued From paresident to receive assessment. Further evidence of a speed	a speech language	aled no	1401			
	Interview with the question professional (QMRP approximately 12:30 not aware of the afor recommendation. He would contact the real and request the insurable obtain the speech larger and request the insurable obtain the speech larger areas and request the insurable obtain the speech larger areas are request the insurable obtain the speech larger areas are request to the insurable obtain the speech larger approximately a	') on January 6, 2011 p.m., indicated that rementioned e further indicated the sidents' service coon rance funding approximation.	, at he was lat he dinator				
and the second s	3. Review of Reside January 6, 2011, beg an ENT medical cons 2010. The ENT specimpaction bilaterally a resident return in four of the survey, the res ENT specialist.	pinning at 8:45 a.m., I suit sheet dated Man sialist removed the wand recommended the r months. At the con	revealed ch 29, ras nat the				
HETCHEN MAN PROPERTY CONTRACTOR AND THE TANK	Interview with the RN approximately 3:00 p. appointment had not	m. confirmed that th	at e ENT				
1 424	3521.5(a) HABILITAT	TON AND TRAINING	3	1 424			
And the second second	Each GHMRP shall mesident's program a or when the client:	nake modifications to	the	-			
100	(a) Has successfully o objectives identified in Plan;	completed an objecti the Individual Habili	ve or itation		• .		
	This Statute is not me Based on staff intervious Qualified Mental Retai	w and record review	, the		-		

(QMRP) failed to review and revise the Individual

Healti	Regulation Administr	ration				FORI	M APPROVED
STATEM	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIE EDENTIFICATION NU HFD0084	ERICLIA MIBER:	(X2) MU A. BUILL B. WING		(X3) DATE	
NAME OF	PROVIDER OR SUPPLIER	14.70004	r			01/	07/2011
			SINEETADE	DRESS, CITY	, STATE, ZIP CODE		W//ES///
WUL!!	THERAPEUTIC		2862 NOR WASHING	THAMPTO	ON ST 20015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE A DEFICIENCY)		SLEW H P. DC	(X5) COMPLETE DATE	
1 424	Continued From par	ge 6		1424			
	Program Plan (IPP) successfully comple the IPP, for one of the sample. (Resident to	once the residents he ded an objective iden he two residents in th (K2)	different in	1 1004			
	a. Review of Resident #2's IPP dated June 9, 2010, was reviewed on January 7, 2011, at 10:30 a.m. The resident had a program objective which stated, "[the resident] will be given verbal/gestural prompting, respond to fire drills once per month for 12 consecutive months." Record verification of the QMRP quarterly reviews dated from March 2010 through December 2010, on January 7, 2011, at approximately 11:00 a.m., indicated that the resident achieved the established criteria March 2010. It should be noted that the time of the development of the resident's IPP, he had met the established criteria.				<u></u>		
				i i i i i i i i i i i i i i i i i i i	The two goals mentioned in "a" and "b desidents #2 and #1 respectively have a decrease the performance criteria to "In 1. dereafter, the QMRP will review and we devise all measurable objectives for each ased on their demonstrated progress or the QMRP notes will outline the ration existion3-30-11	been revised to dependence"3 when appropriate h person support	i-1- -
The second secon	b. Similarity, review of June 9, 2010, on Jan revealed a program of resident] will purchas and receipt from cast for 12 consecutive magnetic entering through December 20 resident met the esta 2010. Further review that the resident met March 2010. Several minutes later the esta cof the development.	puary 7, 2011, at 10:3 objective which stated an item, collect charles with verbal assistants." Review of the was from March 2010 110, revealed that the blished criteria since of the data sheets in the established criteria, the QMRP confirmentablished criteria at	io a.m., d, "[the ange tance e), e June ndicated ria since				
1	time of the developme	ent of the IPP.	West of the second				
1 474	3522.5 MEDICATION	S	1.	474			

PRINTED: 02/17/2011 Health Regulation Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDERISLIPPLIERICLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (03) DATE SURVEY A. BUILDING COMPLETED B. WING HFD0084 NAME OF PROVIDER OR SUPPLIER 01/07/2011 STREET ADDRESS, CITY, STATE, ZIP CODE **MULTI-THERAPEUTIC** 2862 NORTHAMPTON ST WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE DATE TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS REFERENCED TO THE APPROPRIATE **DEFICIENCY**) 1474 Continued From page 7 1474 Each GHMRP shall maintain an individual medication administration record for each resident This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Persons with Mental Retardation (GHMRP)'s nursing staff failed to maintain medication administration records (MARs) accurately, for one of the two residents in the sample. (Resident #2) The finding includes: The GHMRP's nursing staff failed to document 3522.5 the administration of Amoxicillin in accordance with Resident #2's physician's orders (POS), as Internal QA interviewed the RN for Northampton and was told that upon further review, it was determined that evidenced below: Resident #2 did receive all 28 doses or Amoxicillin prescribed. She determined this based on information On January 6, 2011, beginning at 8:45 a.m., obtained via interview with the medication nurses involved review of Resident #2's MARs revealed that on and by an examination of the medication supply which October 29, 2010, (6:00 p.m. and 12:00 a.m.) demonstrated no remaining doses or the medication. One through November 5, 2010, the resident received particular nurse, it was discovered, failed to document two Amoxicillin 500 mg, every six hours for an doses given and was reinforced by the RN to insure that all abscess for seven days. Further record review medication administration is properly documented. The RN will check the MARs at minimum weekly to insure all revealed that the resident received 26 doses of medications are given as prescribed and that medication the Amoxicillin, however according to the MARs administration is documented properly on the MARs with the resident should have received 28 doses. 100% consistency...3-1-11 Interview with the registered nurse on January 6. 2010, at approximately 4:00 p.m., confirmed that the Resident #2's MARs reflected 26 doses of the prescribed Amoxicillin. 1500 3523.1 RESIDENT'S RIGHTS 1500 Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this

	Regulation Adminis	tration				PRINTE FORI	D: 02/17/20 M APPROVE
AND PLA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIERA RDENTIFICATION NUMB		ERICLIA MBER:	(X2) MIA A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY	
· · · · · · · · · · · · · · · · · · ·		HFD0084		B. WING			
NAME OF	PROVIDER OR SUPPLIER		STREET A	DODESC OT		01/	07/2011
MID TO	THERAPEUTIC		2052 NO	DURESS, CITY	, STATE, ZIP CODE		
			WASHIN	RTHAMPTO	N ST		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCE		· · · · · · · · · · · · · · · · · · ·	10013		•
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	200 mm -	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	NATUUR DE	(X5) COMPLETE DATE
1 500	Continued From pa	age 8		1500			
	laws.			1300			
	This Statute is not	met as evidenced by:	_				
	pased on interview	and record review th	Groun			*	
	POTTIE TOT TOT PERSO	NS With intellectual die	shilites :				1
	observed and make	rights of residents we	e e				
	Law 2-137 this cho	cted in accordance w pter, and other applic	ith D.C.				
	District and Federal	Laws, for two of two	able	,		•	
1	residents included in	n the sample. (Resid	ente #1				
1	and #2)						
e company	The findings in the second				÷		
1	The findings include) :	į	[
·	1. The GHMRP's H	uman Rights Commit		3523,	1		
d date of	(HKC) tailed to revie	W. approve and moni	tor I	JJEJ.	•		
	residents sedations	prior to implementation	Vie for	i	The DON and Director of Resider	ntial Programs	
	one of the two reside	ents in the sample. (F	Resident		HAVE HICK WITH THE ()MRP and PM	to incum at	
į	#2)				Scuation is only done after proper	ma	
1	a Review of Decide	ent #2's physician orde			been obtained from the person inv are capable of providing it, or their	- 10	
	(POS) on January 6	, 2011, at approximate	ely 2:00		recognized decision-making support	ort names TI	
	p.m., revealed the fo	Nowing sedations for	medical		Will ICVICW all sedation cities	which we had a	
•	appointments:				RN monthly during team (nursing) the HRC meeting protocol is being	maatings I	
. !	0-0-1 1 0-1				misure unit all uncommo sedation o	itzanti a	
† 1	- On September 9, 2	010, Valium 10 mg pr	nior to		discussed and approved by the com-	imittee3-15-	
1	podiatry appointmen	Ę,		2.	£ 1		
1.	On September 9, 2	010, Ativan 3 mg prio	rto	_,	Orders for psychotropic medication reviewed and renewed as appropria	is are	
1	odiatry appointmen	t; and			(Sec. attached orders). The DON to	Housed	
Ì		•			with pharmacy services to insure the	at andone	
•	On November 18, 2	2010, Chloral Hydrate	500		received for psychotropic medication and psychiatry was also reinforced to	one month.	
' I	ng prior to podiatry a	appointment.	and and a		such regimen monthly3.1.11	to review each	
	Review of Resident a	D'e Descholosiaal	Mary Company	3,	Same as #2 above.		
	Ssessment dated A	ugust 30, 2010, on Ja	nuan				
17	, 2011, at 10:51 a m	n, revealed that the re	sident			1	i
1	vas not competent to	make decisions requ	erdina			. [1
1	is health, safety, fina	ancial or residential					. [

PRINTED: 02/17/2011 Health Regulation Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (XX) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER (X3) DATE SURVEY A. BLILDING B. WING **HFD0064** NAME OF PROVIDER OR SUPPLIER 01/07/2011 STREET ADDRESS, CITY, STATE, ZIP CODE **MULTI-THERAPELITIC** 2852 NORTHAMPTON ST WASHINGTON, DC 20015 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1500 Continued From page 9 500 placement. Further review of Resident #2's record failed to provide evidence that the HRC reviewed, approved or monitored the residents sedations prior to its implementation. Minutes later, the qualified mental retardation professional (QMRP) confirmed the findings. 2. 7-1305.05 (h) "All prescriptions for psychotropic medications shall be written with a termination date, which shall not exceed thirty days"... The GHMRP's primary care physician/psychiatrist failed to ensure orders for psychotropic medications had a termination date which did not exceed thirty days as for signed physician orders (POS), for two of the two residents in the sample. (Residents #1 and #2) a. Interview with the direct care staff on January 6, 2010, at approximately 8:05 a.m., revealed that Resident #1 received psychotropic medications to address his behaviors. Review of the resident's POS on the same day, at 8:45 a.m., revealed that the resident received Thorazine HCL 100 mg in the morning and Thorazine HCL 200 mg in the evening. Interview with the registered nurse (RN) confirmed that the resident received the aforementioned medication. Review of Client #1's POS dated October 18. 2010, on January 6, 2011, at approximately 12:30

p.m., confirmed that the resident was prescribed Thorazine HCL 100 mg in the morning and Thorazine HCL 200 mg in the evening.

Interview with the RN on January 6, 2011, at approximately 11:00 a.m., confirmed that the last

POS were dated September 1, 2010.

7RIE11

Health I	Regulation Administr	ation				FORM	APPROVED
STATEMES AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLE IDENTIFICATION NO	RICLIA MBER	(X2) MULTI A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE COMPI	
NAME OF I	PROVIDER OR SUPPLIER	HFD0984				01A	07/2011
					TATE, ZIP CODE		1
	HERAPEUTIC		WASHING	THAMPTON TON, DC 20	8T 015		
(X4) IO PREFIX TAG	REGINATORY OR LSC IDENTIFYING BISCORNA TONS			ID PREFIX TAG	X (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE
- Late of the Community	3. Interview with the 6, 2010, at approximate Resident #2 receives address his behavior January 6, 2011, at Resident #2 receives	e direct care staff on nately 8:05 a.m., revel psychotropic mediors. Record review of 3:00 p.m., revealed of Neurontin 600 mg, in the morning. Interview with the Ni confirmed that the rentioned medication ors. S POS dated Octobe 2011 and January 7 p.m., and 10:45 a.m. ed that the resident of 600 mg, twice a date the morning and 50 mg, confirmed that the resident of 50 mg, two and 50 mg, confirmed that the resident of 50 mg, confirmed that the resident of 50 mg, two and 50 mg, confirmed that the resident of 50 mg, confirmed that the resident of 50 mg, two and 50 mg, two	ealed that ications to in that , twice a g and ne in resident s for his r 1, , 2011, at , was y and 0 mg, in	1500			
			***************************************	-			